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## TRANSMITTAL FORM

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Total Number of Pages in This Submission

23

Application Number

10/701,029

Filing Date

November 4, 2003

First Named Inventor

Brian Grove

Art Unit

2136

Examiner Name

Eleni A. Shiferaw

Attorney Docket Number

200634-0029-00-US (408195)

### ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Postcard.
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Drinker Biddle & Reath LLP		
Signature			
Printed name	GREGORY J. LAVORGNA		
Date	March 28, 2008	Reg. No.	36,469

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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Typed or printed name	Lorraine T. Lewis	Date	March 28, 2008

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: <b>10/701,029</b>	Examiner: <b>Eleni A. Shiferaw</b>
Applicant: <b>Brian Grove et al.</b>	Art Unit: <b>2136</b>
Filed: <b>11/04/2003</b>	Confirmation No.: <b>6164</b>
Customer No.: <b>23973</b>	Attorney Docket No.: <b>200634-0029-00-US (408195)</b>
Title: <b>SECURE AUTHENTICATION USING HARDWARE TOKEN AND COMPUTER FINGERPRINT</b>	

**REPLY TO NON-FINAL OFFICE ACTION**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This Reply is in response to the Office Action mailed on December 28, 2007 in the above-referenced application. This Reply is being filed within the three-month shortened statutory period for response set in the Action. No fee should be due for entry of this Reply. However, if any fee is determined to be due, please charge such fee or credit any overpayment to Deposit Account No. 50-0573.

**Listing of the Claims** begins on page 2.

**Remarks** begin on page 18.

Please amend the application without prejudice or disclaimer as follows:

<p align="center"><b>CERTIFICATE OF MAILING</b> <b>UNDER 37 C.F.R. 1.8(a)</b></p> <p>I hereby certify that this paper, along with any paper referred to as being attached or enclosed, is being deposited with the United States Postal Service on the date indicated below, with sufficient postage, as first class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p> <p>BY <u>Lorraine T. Lewis</u></p> <p>DATE: <u>March 28, 2008</u></p>
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